EATING DISORDERS (358)

PARTICIPANT TYPE……..PREGNANT, BREASTFEEDING, DELIVERED WOMEN
HIGH RISK……YES

RISK DESCRIPTION:

Eating disorders (anorexia nervosa and bulimia) are characterized by a disturbed sense of body image and morbid fear of becoming fat. Symptoms are manifested by abnormal eating patterns including, but not limited to:

- Self-induced vomiting
- Purgative abuse
- Alternating periods of starvation
- Use of drugs such as appetite suppressants, thyroid preparations or diuretics
- Self-induced marked weight loss

Presence of eating disorder(s) diagnosed by a physician as self reported by applicant, participant or caregiver; or as reported or documented by a physician or someone working under physician's orders or evidence of such disorders documented by the competent professional authority.

ASK ABOUT:

- Attitude and knowledge about disorder and treatment plan
- Weight history
- Weight goal
- Pregnancy weight gain pattern
- Prescribed and over-the-counter drugs or medications
- Dietary supplements including vitamins, minerals, herbal products and targeted nutrition therapy products
- Chronic medical conditions

NUTRITION COUNSELING/EDUCATION TOPICS:

- Provide counseling messages that support any medical nutrition therapy initiated by a treatment program or clinical dietitian
- Determine and discuss an eating pattern appropriate for the participant's weight goal (i.e., maintain, gain, or lose weight).

NUTRITION COUNSELING/EDUCATION TOPICS (CON'T):

- Eating disorders result in general malnutrition and may cause life-threatening fluid and electrolyte imbalances.
- Women with eating disorders may begin pregnancy in poor nutritional status. They are at risk of developing chemical and nutritional imbalances, deficiencies or weight gain abnormalities if aberrant eating behaviors are not controlled. Maternal undernutrition is associated with increased perinatal mortality and an increased risk of congenital malformation.
- While a majority of pregnant women studied reported a significant reduction in their eating disorder symptoms during pregnancy, a high percentage regressed in the postpartum period. This regression is a serious concern for breastfeeding and non-breastfeeding postpartum women who are extremely preoccupied with rapid weight loss after delivery.

POSSIBLE REFERRALS:

- If the participant requires in-depth nutritional intervention beyond the scope of WIC services, refer to primary care provider, treatment center or clinical dietitian with expertise in this area of practice.
- If she is not receiving prenatal care or routine postpartum care or is not keeping her appointments, refer her to primary care providers in the community, the Optimal Pregnancy Outcome Program (OPOP) (http://www.ndhealth.gov/opop/), or the local public health department.
- If she is breastfeeding and could benefit from peer support, refer her to the peer counseling program or other community-based breastfeeding support program.